

02/24/2005 17:13 207-862-4681

FASSE PATENT ATTYS

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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Karin Smith *Walter Fasse* (Depositor's name)  
*Karin Smith* (Signature)  
Feb. 24, 2005 *2/24/05* (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/765,453	01/26/2004	Kenzou Kassai.	4626	8571

TITLE OF INVENTION: SEAT OF CHILD-CARE INSTRUMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NELSON JR, MILTON	3636	297-354100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1 W.F.Fasse2 W.G.Fasse

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Aprica Kassai Kabushikikaisha

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Osaka-shi, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies deficiency:

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge, the required fee(s), or credit any overpayment, to Deposit Account Number 50-0507 any deficiency in (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Walter Fasse* 2/24/05Date Feb. 24, 2005

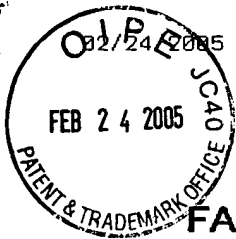
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W.F.Fasse

Registration No. 36132

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TELEFAX: 207-862-4681

WALTER F. FASSE

WOLFGANG G. FASSE  
Of Counsel**TELEFAX COVER SHEET**

DATE: Feb. 24, 2005

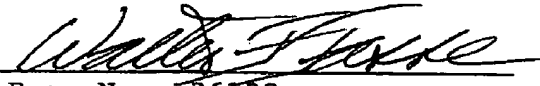
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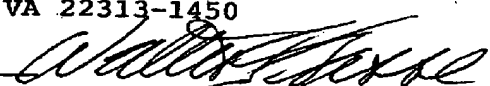
FROM: WALTER F. FASSE, ESQ.  
FASSE PATENT ATTORNEYS, P.A.RE: Applicant: Kenzou KASSAI et al. Our Case No: 4626  
USSN: 10/765,453  
Filed: Jan. 26, 2004  
Title: SEAT OF CHILD-CARE INSTRUMENTTOTAL NUMBER OF SHEETS BY TELEFAX: 3 (INCLUDING COVER SHEET)

NOTE: We are enclosing:

- a) Issue Fee / Publication Fee Transmittal (Form PTOL-85);
- b) Credit Card Payment (Form PTO-2038) (\$1000.00);
- c) ~~Transmittal of Supplemental Declaration;~~
- d) ~~Supplemental Declaration.~~

W.F. Fasse   
CERTIFICATE OF FAX TRANSMISSION: Reg. No.: 36132

I hereby certify that this correspondence with all indicated  
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Commissioner for Patents, Alexandria, VA 22313-1450

Karin Smith - Feb. 24, 2005 

Karin Smith - Feb. 24, 2005

Walter F. Fasse

2/24/05

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